

ATTENTION APPLICANT

SUBMITTED APPLICATIONS AND/OR RESUMES MUST CONTAIN THE FOLLOWING INFORMATION BEFORE BEING CONSIDERED FOR EMPLOYMENT:

EMPLOYMENT HISTORY (No less than the last 5 years employment history)

- ☐ Complete Employer Name
- ☐ Current Mailing Address
- ☐ City, State & Zip Code
- ☐ Telephone numbers including area code
- ☐ Supervisor's name

REFERENCES (No less than 3 personal references – RELATIVES cannot be listed as a references)

- ☐ Name of reference
- ☐ Complete mailing address
- ☐ City, State & Zip Code
- ☐ Telephone Numbers including area code

Applications or resumes that do not provide **all** the required information will not be considered for employment.

Fayette County Application For Employment

2005

FAYETTE COUNTY BOARD OF COMMISSIONERS

140 Stonewall Avenue West
Human Resources Department, Suite 212
Fayetteville, GA 30214
770-460-5730 Ext. 5409
770-719-5553 FAX

Web Site - fayettecountyga.gov

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED AND TEST PARTICIPATION WILL NOT BE PERMITTED
(PRINT ALL INFORMATION)**

Job(s) Title Applied For:				Date of Application:	
Last Name		First Name		Middle Name	
Address: Number		Street	City	State	Zip Code
Telephone Number(s)		Home	Cell	Work	

Resume attached?

Yes ☐

No ☐

Have you ever been employed with us before?

Yes ☐

If Yes, give date: _____

No ☐

Are you prevented from lawfully becoming employed in
this country because of Visa or Immigration Status?

Yes ☐

No ☐

Have you been convicted of a felony within the last 7 years?

Yes ☐

(Conviction will not necessarily disqualify an applicant from employment.)

No ☐

If Yes, please explain: _____

Education

	Name & Address of School	Course(s) of Study	Years Completed & Diploma Degree	
Elementary School				
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Describe any specialized training, skills or certifications.

Describe any job-related training received in the US military.

Describe any special job related skills & qualifications obtained from employment experience.

References		
Name:	Address, City, State, & Zip:	Phone Number:
Name:	Address, City, State, & Zip:	Phone Number:
Name:	Address, City, State, & Zip:	Phone Number:

Note to Applicants: Do not answer this question unless you have been informed or have read the job description about the requirements of the job for which you are applying.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer. I further understand that I will not receive any further communication regarding this application unless I am scheduled for testing or am selected for an interview.

Signature of Applicant

Date:

Applicants are considered for all positions applied for without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

For Human Resources Department Use Only

Interview: Yes ☐ No ☐

Interview Date:

Interviewer(s):

Comments:

Test Scores (if applicable):

Employed: Yes ☐ No ☐

Date of Employment:

Job Title and Code:

Department:

Hourly Rate/Salary:

By:

Date:

Employment Experience

List your present or last job. Include any military service assignments. Please include complete addresses, phone numbers, and dates employed.

1 Employer		Dates Employed <u>From</u> <u>To</u>		Duties & Responsibilities
Address, City, State, & Zip Code				
Area Code & Telephone Number(s)				
Position	Supervisor			
Reason for Leaving				
2 Employer		Dates Employed <u>From</u> <u>To</u>		Duties & Responsibilities
Address, City, State, & Zip Code				
Area Code & Telephone Number(s)				
Position	Supervisor			
Reason for Leaving				
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Address, City, State, & Zip Code				
Area Code & Telephone Number(s)				
Position	Supervisor			
Reason for Leaving				
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Address, City, State, & Zip Code				
Area Code & Telephone Number(s)				
Position	Supervisor			
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